



CITY OF RIVIERA BEACH PARKS AND RECREATION DEPARTMENT ADULT BASKETBALL TEAM ROSTERS

COACH NAME:	CONTACT NUMBER:
ASST. COACH NAME:	CONTACT NUMBER:
TEAM PARENT:	CONTACT NUMBER:
TEAM NAME:	
DIVISION:	

	DOB/AGE	PARENT OR GUARDIANS NAME	PARENT CONTACT #:	RECEIPT NUMBER
1				
2				
3				
4				
5				
6				
7				
8				
9.				
10.				

- TEAM ROSTERS: 10 PLAYERS MAX PER TEAM
- ALL ROSTERS MUST BE APPROVED BY COORDINATOR
- ALL PLAYERS MUST BE PRE-REGISTERED TO COMPLETE IN GAMES OR CLINICS.
- ALL REQUIRED PAPAERWORK AND FEES SUBMITTED AND MUST BE ON FILE.
 - PLEASE SUBMIT SIGNED WAIVERS FOR EACH PLAYER, APPLICABLE FEES AND A TEAM ROSTER

